

City of Franklin
City Development Department

Concept Review

Ashley Booth, Planner II 9229 W. Loomis Road Franklin, WI 53132	Tere Wilson, Secretary Monday – Friday 8:30 a.m. to 5:00 p.m.	Ryan Mentkowski, Planner I (414) 425-4024 Fax (414) 427-7691
generalplanning@franklinwi.gov		

Application & General Submittal Information
[Conferences and submittals]

All Concept Review applications must be prepared in accordance with the instructions and information requirements contained herein as well as requirements of the City of Franklin Unified Development Ordinance (UDO). Applicants may appear before the City Plan Commission for a Conceptual Review of Plans for development before making a formal submittal.

A pre-application conference is required before Concept Review application submittal. A preliminary sketch shall be provided, showing detail, including layout on site, streets, stormwater basins, number of lots (for a Plat concept review), natural resource features. It also should show a front elevation of any proposed buildings. Concerns including zoning, land use, access, environmental preservation, grading, etc. may be addressed.

- ☐ **Submittals by appointment only.** Call City Development Secretary for appointment.
Application packets shall include: *(Staff may require additional information as needed.)*
- ☐ **Completed Application Form**
- ☐ **Processing Fee:** \$250.00, payable to City of Franklin
- ☐ **Owner Verification** If the applicant is not the owner of record, the legal owner's signature must be on the application OR a letter of authorization from the owner must accompany the application.
- ☐ **Letter of Intent and Project Description** showing the relationship of proposed development to the City's adopted Comprehensive Master Plan, detailed neighborhood or planning district plans.
- ☐ **Submittal Copies** A submittal is not complete and will not be reviewed until the correct number of sets, collated and folded (to 8 ½" x 11"), are submitted:
 - ☐ **Thirty-five (35)** sets of the concept.
- ☐ **Legal Description** Send **electronically** (*Word format*) to generalplanning@franklinwi.gov
Include a hard copy in your packet materials.

**Caution: NO disturbance of land, including grading, brush cutting and filling,
without submittal of a Natural Resource Protection Plan, is allowed.**

Incomplete applications will not be accepted.

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Application

Project Name _____

PROPERTY INFORMATION

Tax Key Number(s) _____

Property Address or Section & 1/4 Section _____

Zoning: Current _____ Proposed (if applicable) _____

Present Use _____ Intended Use _____

APPLICANT If the applicant is not the owner of record, the legal owner/owners' signature must be on the application OR a letter of authorization from the owner must accompany the application.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

CONTACT PERSON FOR PROJECT

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Applicant agrees that any approval issued on representations made in this submittal, and any subsequently issued building permits or other type of permits may be revoked without notice if there is a breach of representations or conditions of approval. Applicant/owner by signature understands and accepts responsibility for completion of all required on-site and off-site improvements as shown and approved on final plan (including landscaping, paving, lighting, etc.) prior to receiving a Certificate of Occupancy.

By the execution of this Application, Applicant authorizes the City of Franklin or its agents to enter upon the property between 7:00 a.m. and 7:00 p.m. daily for the purpose of inspection. Applicant grants this authorization even if Applicant has posted this property against trespassing pursuant to Section 943.13 Wis. Stats.

Applicant hereby certifies that: (1) All statements and other information submitted as part of this application are true and correct to the best of Applicant's knowledge; and (2) APPLICANT HAS READ AND UNDERSTANDS ALL INFORMATION IN THIS PACKET.

Applicant's Signature: _____ **Date:** _____

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City Development Department

Owner(s)

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email Address _____

Owner's Signature: _____ **Date:** _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email Address _____

Owner's Signature: _____ **Date:** _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email Address _____

Owner's Signature: _____ **Date:** _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email Address _____

Owner's Signature: _____ **Date:** _____

Incomplete applications will not be accepted.